

CAMP ESCAPE 2015

**SPONSORED BY
GREENVILLE RECREATION AND PARKS DEPARTMENT**

GENERAL INFORMATION

Location: Drew Steele Center (1058 South Elm St., Greenville, NC)
Ages: 5-21 Years Old
Days & Times: Monday-Friday from 9 am-3 pm
Fees Per Session: \$45 Greenville Residents (\$36 for Session 3); \$68 Non-Residents (\$55 for session 3)

The Greenville Recreation and Parks Specialized Recreation Office offers Camp Escape each summer. It is designed to allow children with disabilities the opportunity to participate in recreational activities through a true day camp experience. Camp Escape will be divided into eight, one-week sessions. Campers will participate in the free lunch program. If your child has dietary needs please bring their lunch.

Parents/Guardians will be responsible for transporting their child to and from the Drew Steele Center each day. Your child should arrive between 8:45 am and 9:00 am. All campers should be picked up no later than 3 pm. The camp will be staffed with a camp supervisor and counselors who are trained to work with children with special needs.

To be fair, children are accepted to Camp Escape on a first come, first served basis. If you have any questions, please contact Deitra E. Spellman at dcrandol@greenvillenc.gov. We look forward to seeing everyone at Camp Escape.

PAYMENT MUST ACCOMPANY APPLICATION UNLESS PREVIOUS ARRANGEMENTS HAVE BEEN MADE.
CAMP ESCAPE STAFF CAN NOT PROVIDE ONE-ON-ONE ASSISTANCE TO EACH CAMPER.

Mail Payment To:

**Greenville Recreation & Parks Department
Attn: Camp Escape
P.O. Box 7207
Greenville, NC 27835**



2015 CAMP ESCAPE APPLICATION

Camper's Information (PLEASE PRINT)

Camper's Name: (last) _____ (first) _____ (nickname) _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Sex: _____ Age (as of June 15, 2015): _____ Date of Birth: _____ Greenville City Resident? Yes _____ No _____

Parent/Guardian Full Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Does the camper have CAP Services (Please Circle One)? Yes No

In Case of Emergency (Other than Parent/Guardian, who can be reached during camp hours)

Name _____ Relationship _____ Daytime Phone _____

Please indicate which camp session you are applying for. Choices will be granted on a first come first serve basis based on our ability to provide a qualified caregiver. All applications and fees are to be turned in NO LATER than 7 days prior to the start of each camp session.

1) June 15-19, 2015

5) July 13-17, 2015

2) June 22-26, 2015

6) July 20-24, 2015

3) June 29-July 2, 2015(No Camp July 3th)

7) July 27-31, 2015

4) July 6-10, 2015

8) August 3-7, 2015

**Applications may not be accepted after the deadline. Also, application must be submitted with payment to reserve a space for your child.*

Persons authorized to pick up your child from the program:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Disabling Conditions (Check All That Apply) Please Be Specific.

Physical Disabilities

_____ Brain Trauma _____ Spinal Cord Injury _____ Cerebral Palsy _____ Stroke
 _____ Heart Condition _____ Hearing Impaired _____ Visually Impaired _____ Wears Glasses
 _____ Wears Hearing Aid _____ Muscular Dystrophy _____ Multiple Sclerosis _____ Spina Bifida
 _____ Diabetes (type) _____
 _____ Epilepsy –If applicant has seizures: Type _____ Frequency _____ Length of Seizure _____
 _____ Behavior/Aura prior to seizure _____ Recovery time/Treatment _____
 _____ Other (describe) _____

Cognitive Disabilities

_____ Mental Retardation: Level of functioning affected _____ Down Syndrome
 _____ Mild _____ Moderate _____ Autism
 _____ Severe _____ Profound _____ Other (describe) _____
 _____ Attention Deficit Disorder: With hyperactivity: _____ Yes _____ No

Additional information: _____

Mobility (Check all that apply)

☐ Wheelchair: ☐ Manual ☐ Electric ☐ Reclining ☐ Transfers alone
☐ Needs assistance in transferring ☐ Bears own weight ☐ Manipulates wheelchair alone
☐ Paraplegic ☐ Quadriplegic
Walks: ☐ Alone Uses: ☐ Braces ☐ Walker Gait: ☐ Stable ☐ Slow
☐ With assist ☐ Crutches ☐ Cane ☐ Unsteady ☐ Medium
☐ Non-ambulatory ☐ Support from other person ☐ Falls easily ☐ Fast

Further instructions: _____

Special Equipment

☐ Splints ☐ Prosthesis ☐ Braces
☐ Other (describe) _____

Further instructions: _____

Eating (Check all that apply) * Please note we do not have a microwave or refrigerator on site

Food allergies: _____

Special diet: _____

Further instructions: _____

Bathroom Use (Check all that apply)

☐ Independent in bathroom ☐ Requires reminder (how often?) _____
☐ Bladder control during the day ☐ Bowel control during the day ☐ Incontinent during the day
 (Please send adequate change of clothing, if needed.)
☐ Needs to adhere to toileting schedule (describe) _____
Uses: ☐ Urinal ☐ Commode ☐ Disposable undergarments (**send with camper**)

Further instructions: _____

Personal Care (Check all that apply)

Grooming: ☐ Independent, needs no assistance **Needs assistance with:** ☐ Washing up ☐ Showers/baths
☐ Combing hair ☐ menstrual care

Dressing: ☐ Independent needs no assistance **Needs assistance with changing clothes:** _____

Further instructions: _____

Communication Skills (Check all that apply)

☐ Verbal ☐ Nonverbal ☐ Uses sign language ☐ Lip-reads
☐ Uses gestures ☐ Reads print ☐ Language board (**send with camper.**)
☐ Able to communicate wants/needs ☐ Needs assistance communicating wants/needs
☐ Understands simple directions ☐ Ignores speaker ☐ Responds to questions
☐ Speech defect (describe) _____

Further instructions: _____

Socialization (Check all that apply)

☐ Social ☐ Withdrawn/shy ☐ Verbally aggressive ☐ Cautious ☐ Wanders
☐ Self-abusive ☐ Physically aggressive ☐ Compliant ☐ Temper tantrums
☐ Helpful ☐ Attaches to opposite sex Other _____

(Explain any inappropriate behaviors, their frequency, and methods for dealing with them.) _____

(PLEASE NOTE: Any behaviors, which endanger or are disruptive to other campers or staff, are grounds for non-acceptance to camp or immediate dismissal from camp. If dismissal is required, parents, guardian, or group home is responsible for transportation home. No refunds will be issued in the case of dismissal as all applicants are expected to function to an appropriate degree in a group setting.)

Activities (Check all that apply)

Needs help with: ☐ Arts & crafts ☐ Sports activities ☐ Field trips or outings
 Water activity: ☐ Does not swim ☐ Fears water ☐ Wades
 ☐ Swims shallow ☐ Swims deep ☐ Wears earplugs

Recreational activities camper enjoys: _____

Recreational activities camper should not participate in: _____

PERMISSION, RELEASE, AND ASSUMPTION OF RISK

In consideration of my child being allowed to participate in Camp Escape, sponsored by the Greenville Recreation and Parks Department (GRPD). I hereby assume all risks and release the City of Greenville, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child's participation. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest.

For the safe enjoyment of this program by all participants, the GRPD staff has established rules and regulations and I agree that my child will abide by them, or accept dismissal for refusing to follow them.

In the event that my child is injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the GRPD staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

Signature of parent, guardian, or self if own legal guardian

Relationship

Date

* Camp Escape does not discriminate on the basis of race, religion, creed, or national origin.

GREENVILLE RECREATION AND PARKS DEPARTMENT CAMP ESCAPE DAY CAMP

CBS/CAP WORKER APPLICATION

(Please Print)

Full Name: _____

Home Phone: _____

Cell Phone: _____

Place of Employment: _____

Supervisor's Name: _____

Supervisor's Address: _____

Supervisor's Phone: _____

IN CASE OF EMERGENCY, WHO CAN BE CONTACTED?

Name: _____ Relationship: _____

Home Phone: _____

Cell Phone: _____

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Date